Application or Docket Number												ber	
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/910355													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2	40				E	FEE		RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			s 40mi	40minus 20=		. 20		9=		OR	X\$18=	360	00
INDEPENDENT CLAIMS			4 m	4 minus 3 =				)=		OR	X80=	80.0	D
MULTIPLE DEPENDENT CLAIM PRESENT							+13	 5=		OR	+270=		
° If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT			IOR	TOTAL	1150.	6 9
CLAIMS AS AMENDED - PART II									<u> </u>	3	OTHER	THAN	
(Column 1) (Column 2) (Co						(Column 3)	SMA	ILL	ENTITY	OR	SMALL		
amendment a		REMAININ AFTER AMENDMEN	_ }	NUM	BER OUSLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2 2 2	Total	. 47	Minus	U	D	-7	X\$ :	9=		OR	X\$18a	26	
AME	Independent	6	Minus	•••	4	.2	X40	) <del></del>		OR	XEAX	168	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5 <u>-</u>		OR	+270=		
,								TAL			YOYAL	294	
		(Column	I)	(Colu	mn 2)	(Column 3)	ADDIT.	reE		<i>3</i> .	AUDII. FEE		
8	CLAIMS REMAINING		3	HIGH	1			ADDI-			ADDI-	ĺ	
ENT		AFTER - AMENDMEN	п		OUSLY FOR	EXTRA	RAI	Έ	TIONAL FEE		PATE	TIONAL	
AMENDMENT B	Total	• 47	Minus	1. 4	7	-	X\$ 9	)= 	٠	OR	X318=		
Age	Independent			DENDEAD	6	1= \	X40	E.	•	OR	X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=		]] ·
	•	• .	•				TC ADDIT.	TAL		OR	YO'NL		
		(Column	<u> </u>	(Colu	mn 2)	(Column 3)			•	- ,		7.	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		PREVI	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL	
	T 1ai	·47	Minus	4	<u> </u>	2	XS	)_	FEE	OR	X\$18=	FEE	
PREN	Independent	و	Minus	•••	9	-	X40				X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								러		OR		<b></b> -	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								)= 		OR	+270=		
***	"If the entry in column 1 is less than the entry in column 2, write 1 in column 2, write 1 in column 2, write 1 in the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3."  ADDIT. FEE  OR  ADDIT. FEE												
	The 'Highest Nur	ber Previously	Paid For (Total o	or Independ	lent) is the	highest number	lound in the	19 ap	propriate bo	x in co	lumn I.		j

FORM PTO-675 (Rev. 8/00)

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